

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

WH-5144

1997 ECONOMIC CENSUS **POULTRY AND POULTRY PRODUCTS**

OMB No. 0607-0825: Approval Expires 08/31/99

WH-5144

DATE FEBRUARY 12, 1998
If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:
BUREAU OF THE CENSUS 1201 East 10th Street
Jeffersonville, IN 47134-0001
Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:
1–800–233–6136
Please read the accompanying instructions before answering the questions.
Census use
YOUR RESPONSE IS REQU

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process. Dollar figures should be **rounded** Thou-sands (000) Dol-lars (000) Mil-Bilноw то Item 1. EMPLOYER IDENTIFICATION NUMBER | lions | | (000) | lions (000) to thousands of dollars. Example: If a figure is \$1,125,628.79 • report Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941? REPORT DOLLAR • Preferred 126 1 **FIGURES** Acceptable | 125 | 629

(Please correct any errors in name, address, and ZIP Code.)

	094 1 ☐ Yes 2 ☐ No – Report	t current EIN	below	Ite	m 4.		Bil.	Mil.	Thou.	Dol.			
	(9 digits)			١ , ,	Calaa	BUSINESS and operating receipts	010	İ	į				
la a	m 2. PHYSICAL LOCATION			1 1	for 19	997 (Include the gross selling		 					
	Is this establishment's physical	ocation the	a same as		value others	of business conducted for s)		1					
ч.	the address shown in the label?	(P.O. box an		l. :	D: 1.4	Maria da la Malana andre a com	¹²¹ 1	Yes -	- Go to I	line c			
	addresses are not physical locations) osa 1 ☐ Yes 2 ☐ No – Report physical location below					his establishment earn nissions for the sale of handise?	2 ☐ No – Skip to line e						
					Grane	s selling value of business	Bil.	Mil.	Thou.	Dol.			
	Number and street				cond	ucted on a commission (Include in item 4a)	122	 	 				
	City, town, village, etc.	State	ZIP Code			missions received (On actions reported in item 4c)	123	 					
b.	Is this establishment physically boundaries of the city, town, vil	located insi	ide the legal	-	NOTE	– If this is the only establishme	ent of th	is firm s	kip to it	em 5			
						e. Percent of products sold by this				Percent			
	2 No 4 Do not know					lishment manufactured or din the United States by	124						
			your	company or subsidiaries			%						
c.	In what type of municipality is t physically located?	his establis	hment			e of transfers to other dishments within your		Mil.	Thou.	Dol.			
						any (DO NOT include in		125					
	096 1 ☐ City, village, or borough 2 ☐ Town or township					PAYROLL		Mil.	Thou.	Dol.			
	3 Other - Specify					in 1997, BEFORE DEDUCTION	NS	030					
	4 Do not know			a	Annu	al							
d.	In what county (e.g., Dade County, physically located?	is this esta	blishment	b.	First	quarter (January–March)		031	i I				
			Item 6. EMPLOYMENT				Number						
_			Number of months		a. Number of paid employees for pay period including March 12, 1997				032				
	m 3. OPERATIONAL STATUS	0	number of months 02	(de both full- and part-time							
a.	How many months during 1997 was this establishment actively operated?				b. List the above employees by the				Number				
b.	Which of the following best desc	stablishment's			oyee's primary function:		131						
	status at the end of 1997? Mark (X) only ONE	box.		(1) Se								
	001 1 In operation		Figures only	(ales support (including office an erical, warehousing, customer	d	132					
2 Temporarily or seasonally inactive Month Year					service, maintenance employees, and drivers)								
3 ☐ Ceased operation – <i>Give date at right</i> 4 ☐ Sold or leased to another operator – <i>Give date at right AND enter name, etc., below</i>						(3) Supporting functions of other				133			
						establishments in your company (i.e., central administrative, accounting, research, etc.)							
	Name of new owner or operator							134					
				1	_	anufacturing							
	Number and street				(5) Ot	ther – <i>Specify</i>		135					
	City	State	ZIP Code										

lte	m 7. OPERATING EX	PENSE	S	Item 7. OPERATING EXPENSES			Dol.	Item 11. KIND OF BUSINESS AND SELLING CHARACTERI	ISTICS				
	erating expenses for				040	 		a. Kind of business					
	d interest expense)	or good:	s solu			 		What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only					
lte	m 8. INVENTORIES							ONE box. 070					
a.	Did you have invente	ories a	t the en	d of 19	996 or	1997?		(1) Poultry and poultry products (except live poultry)	514420				
	180 1 Yes – <i>Com</i>				: 46 - :4			(2) Live poultry	514410				
	180 1	•		naer or	the itei	111		(4) Packaging of boxed beef	514701 514706				
							(5) Frozen foods, packaged	514700					
b. Were inventories of this establishment subject to								(6) Dairy products, except dried, canned, or raw	514320				
	the last-in, first-out	(LIFO) i	method	of valu	uation?			(1) Control of the State of the	514100				
	405 · 🗆 V //	.,	c.,					(8) Other kind of business – Specify	777777				
	185 1 ☐ Yes – <i>Use rese</i>	tne sun rve for l	n of the L lines c ar	LIFU an nd c(2)	nount p	ius the L	LIFO						
2 ☐ No – Complete only line c													
								b. Selling characteristics					
			nd of 199	97 Dol.	End of 1996 Mil. Thou. Dol.			(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE					
		Mil. 046	Thou.	DOI.	Mil. 047	i i i i i i i i i i i i i i i i i i i	Dol.	box.					
			i i										
c.	Total inventories								2 🗆				
	(1) Amount not	181	[]		186	i I			3 🔲				
	subject to LIFO					 		Other – <i>Describe</i> 4	. 📙				
	costing	182	: :		187	-		1					
	(2) Amount subject to LIFO costing					i I							
	(gross)					 		(2) How did this establishment PRIMARILY					
		183	i i		188	i		attract new customers in 1997? Mark (X) only ONE box.					
	(a) Amount of the					 		069	_				
	LIFO reserve	184	!		189			Location and store attractiveness					
	(b) LIFO value of the line c(2)		i i					Advertising to the general public, including direct mail advertising	· 🗆				
	(net)		1 1			 		· · · · · · · · · · · · · · · · · · ·	: 🗀				
	NOTE The second	6 11	(4) -					Advertising to the trade or calls directly to customers	3 <u> </u>				
	NOTE – The su		ies c(1) a nes c(2a)			,		Other – <i>Describe</i> 4	. <u> </u>				
	line c(2		100 0(24)	ana 012	-0, 0,,0	ara oque	41						
la .				DUDCL	IVCEC V	T COST	\/^!!!	1					
ITE	m 9 TOTAL PURCHA	ASES O	F	FUNCE	INOLO A	11 6031	VALUE						
ite	m 9. TOTAL PURCHA MERCHANDISE	ASES O IN 199	F - 7 -			Thou.		c. Mark (X) the ONE appropriate box if this					
Pu	MERCHANDISE rchases of merchandis	IN 199 se for re	7 esale					establishment is a:					
Pu (Ne	MERCHANDISE rchases of merchandis et of returns, allowances, d cash discounts; but incl	IN 199 se for re and tra luding	7 esale	Bil.				establishment is a: 167 (1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in					
Pu (Ne	MERCHANDISE rchases of merchandis et of returns, allowances,	IN 199 se for re and tra luding	7 esale	Bil.				establishment is a: 167 (1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in					
Pu (Ne and am	MERCHANDISE rchases of merchandiset of returns, allowances, d cash discounts; but included to the counts allowed for trade-incounts allowed for trade-incoun	se for re and tra luding ins)	7 e sale de than sale	Bil. 160	Mil.	Thou.		establishment is a: 167 (1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in joint sales promotion under a group name) 1 (2) Retail-cooperative wholesaler (an establishment					
Pu (Ne and am	MERCHANDISE rchases of merchandiset of returns, allowances, d cash discounts; but inclounts allowed for trade-	se for re and tra luding ins)	7 e sale de than sale	Bil. 160	Mil.	Thou.		establishment is a: 167 (1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in joint sales promotion under a group name) 1 (2) Retail-cooperative wholesaler (an establishment owned and operated cooperatively by					
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Form WH-5144 Census File Number If not shown, please enter your 11-digit Census File Number from the address label on page 1 Item 13. COMMODITY LINES - Continued Item 13. COMMODITY LINES Report sales by commodity group either as a dollar figure or as a whole percent of total sales (Include the value of merchandise marketed under capital, finance, or full payout leases and rental receipts derived from merchandise under operating leases) ESTIMATES are acceptable. Report dollars OR percents. Cen Commodity lines sus Per-cent Dol. Bil. Mil. ∣ Thou. ∣ If figure is **38.76%** of total sales нош то Bil. Mil. | Thou. | Dol. Service receipts and cent REPORT labor charges (including installed Report whole percents 39 **PERCENTS** Not acceptable 9700 38.76 parts) ESTIMATES are acceptable. Report dollars OR percents. Cen Receipts for farm sus Commodity lines products preparation services (cleaning, shelling, grading, and Bil. Thou. Dol. Per-9920 100 101 102 packing) 1. Poultry and poultry products Dressed poultry killed on location 19. Rental and operating 4311 9940 lease receipts 20. TOTAL (Should equal item 4a if reporting in dollars) b. Eggs 4312 c. Live poultry 4313 9990 100% LEGAL FORM OF ORGANIZATION **d.** Other poultry (excluding frozen packaged) Item 14. Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box. 4314 e. Total (Sum of lines 1a through 1d) 4300 1 Individual owner (sole proprietorship) 2. Frozen foods (packaged) 4100 2 Partnership 3. Dairy products (excluding dried or 3 Cooperative association (taxable) canned) 4200 4 Cooperative association (tax-exempt) 4. Confectionery 4400 5 Government - Specify 5. Fish and seafoods (excluding canned and frozen packaged) 4500 0 Corporation (Do not mark if any form of cooperative association) **6.** Meat and meat products (fresh and unpackaged) 4600 9 Other - Specify 7. Fresh fruits and vegetables 4700 4800 6. Coffee, tea, and spices Item 15. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero? 9. Bread and baked goods 4820 4830 10. Canned foods 1 Yes - Complete this item 2 No - Skip to item 16 11. Food and beverage basic materials (include flavoring extracts, fruit peel, hop extract, industrial molasses, Enter name, address, and EIN of the owning or controlling company b. Is this company sausage casings, malt, owned or controlled by 4840 yeast, etc.) another company? 12. Soft drinks and bottled 4850 13. Refined sugar, flour, cooking oils, cereals, pet foods, pickles, preserves, sauces, and other grocery specialties 1 🗌 Yes – 097 4860 2 No 14. Industrial and personal service paper and plastics EIN (9 digits) c. Does this company own or control any other company or companies? Enter name, address, and EIN of the owned or controlled company 15. Tobacco and tobacco 5900 products **16.** Miscellaneous commodities – *Specify* 076 9811 a. 098 1 ☐ Yes → 077 2 No 9812 078 EIN (9 digits) 9813

ITEM 15 CONTINUED ON PAGE 4

Page 3

lt	em 15. OWNERSHIP, CONTR	OL, AND LOC	ATIONS	OF OPERATION	– Continued	d			ı	Number
d	. How many establishments label (or as corrected in ite	operated un	der the	Employer Iden	tification l	Number shown in t	he	•	079	
	If more than one, provide the each establishment. The head	physical loc	ation ac	ddress and other	information	n indicated below for	ro	_		
	room is needed, continue in t Estimates are acceptable if	he same form	at in RE	MARKS or on a	separate sh	eet of paper.	re			
	Name							1997	Mil.	Thou. Dol.
	Number and street						s	ales		
	City				State	ZIP Code		nnual ayroll	082	
	•							Paid e	employ	ees for pay ng March 12
1	Kind-of-business description						08		moluui	III Water 12
									088	
	Type of operation (choose from	n item 12)						Cen-		
								use	089	
	Name							1997	Mil. 081	Thou. Dol.
	Number and street						S	ales		
	City				State	ZIP Code		nnual ayroll	082	
	•							Paid e	employ	ees for pay ng March 12
2	Kind-of-business description						08		moraai	119 111011 12
									088	
	Type of operation (choose from	n item 12)						Cen- sus	000	
								use	089	
	Name							1997	Mil. 081	Thou. Dol.
	Number and street						S	ales	000	
	City				State	ZIP Code		nnual ayroll	082 	
3	Kind-of-business description							Paid e	employ includi	ees for pay ng March 12
	Time of Buomood doodniphon						08	3		
	Type of operation (choose from	m itam 12\							088	
	Type of operation (choose not	ii iteiii 12)						Cen- sus use	089	
								use		
R	EMARKS – Please use this spa	ice for any ex	planatio	ns that may be e	ssential in t	understanding your r	eported data.			
_	em 16. CERTIFICATION – Thi								rint -	tunc
b	eriod covered y this report FROM: Mo.	Year	TO:	Mo. Yea		person to contact re	garding this rep	ort – P	rint or	<i>цуре</i>
Т	elephone Area code	Number		Extension	Title					
S	gnature of authorized person			1	1			Date		